

Leave of Absence



SCHOOL NAME: Holywell School

APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME

Time off school for family holidays is not a right and as a Parent/Carer, you should complete this form and return it to your child's school AT LEAST FOUR (4) WEEKS before the date when you want the period of absence to start. You may be required to attend an interview to discuss this request with the Head Teacher or other senior member of staff and/or produce supporting evidence for your request. (A separate application must be completed for each child).

Child's Full Name:.....

DOB.....Year Group.....Class/Form.....

Address.....

Period of Absence: From.....To.....(inclusive)

Reason Requesting Absence (if request is for a family holiday, please give exceptional circumstances on why it MUST be in term time. Please continue on a separate sheet if necessary)

Name:..... Relationship to child:.....

(Applicant must be the parent carer the child normally resides with)

Signed:..... Date:.....

If you have other children in the family of school age please give details (Use additional sheet if necessary)

Name D.O.B School Attended

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Decision re: Application for Leave of Absence During Term Time (For office use only)

Att %:..... Authorised? Y / N Fine: Y / N

Coding (please circle appropriate code):

B – Educated Off Site

Y – Exceptional Circumstances

H – Authorised Family Holiday

M – Medical/Dental Appointment

R – Religious Observance

T – Gypsy, Roma and Traveller Absence

W – Work Experience

C – Leave of Absence authorised by school

D – Dual Registration

J – Interview

P – Approved Sporting Activity

S – Study Leave

V – Educational Visits

G – Unauthorised Family Holiday

O – Unauthorised Absence

Other (please specify) –

Signed: Date:

Please Note: Holiday absences which have not been agreed will be marked as unauthorised absences and may be referred to the Local Authority for consideration of a Penalty Notice or other action